

FINAL BILL REPORT

SB 5595

C 222 L 17
Synopsis as Enacted

Brief Description: Concerning maintaining the quarterly average census method for calculating state hospital reimbursements.

Sponsors: Senators Billig, O'Ban, Darneille and Padden.

Senate Committee on Human Services, Mental Health & Housing
Senate Committee on Ways & Means
House Committee on Appropriations

Background: The Involuntary Treatment Act (ITA) allows for the civil commitment of a person for involuntary inpatient mental health treatment if the person is found:

- to have a mental disorder;
- as a result of the mental disorder to present a likelihood of serious harm or to be gravely disabled;
- to be unwilling to accept voluntary treatment; and
- there is no less restrictive alternative that will adequately meet the person's needs of health and safety.

Patients who qualify for treatment under the ITA may be detained for 72 hours by a designated mental health professional and subsequently court-committed for 14 days, 90 days, or 180 days. Patients who are detained for 72 hours or committed for 14 days are considered to be short-term patients. These patients receive treatment in evaluation and treatment facilities (E&Ts). An E&T is a community facility certified to provide short-term involuntary treatment. Patients who are committed for 90 days or 180 days are considered to be long-term patients. These patients receive treatment at state hospitals. Three state hospitals are operated by the Department of Social and Health Services (DSHS): Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center. If there are no E&T or state hospital treatment beds available to serve the immediate needs of a patient, a facility which is willing and able to provide timely and appropriate mental health treatment may be temporarily certified to provide either short-term or long-term treatment through the means of a single-bed certification granted by DSHS.

Community mental health services for patients who meet access-to-care standards are provided in nine regions of the state. Eight regions are served by Behavioral Health Organizations (BHOs), and one region, consisting of Clark and Skamania counties, is served by Fully-Integrated Managed Care Organizations (FIMCOs). The BHOs and FIMCOs each

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

receive an allocation of state hospital beds which are provided free of charge to serve the long-term treatment needs of the region. DSHS is required to charge the BHOs and FIMCOs for the use of any state hospital beds that exceed their bed allocations. As an incentive to control utilization of state hospital beds, DSHS is required to return one half of the money it collects to BHOs or FIMCOs which are under their state hospital bed allocations.

Historically, DSHS has used two methods to calculate whether a BHO or FIMCO's use of state hospital beds exceeds its bed allocation. One is to calculate an average daily census of state hospital bed usage and charge the BHO or FIMCO for any days of care that exceed the bed allocation for the region. A second method is to calculate an average quarterly census and to charge the BHO or FIMCO for the average number of days of care by which it exceeded its state hospital bed allocation for the quarter. The former method is potentially more costly for the BHO or FIMCO, because the BHO or FIMCO is not able to compensate for exceeding its bed allocation on one day by using less than its bed allocation on another day. On January 1, 2017, DSHS executed a contract amendment with the BHOs and FIMCOs switching from the quarterly average census calculation method to the average daily census calculation method.

Summary: DSHS must calculate BHO reimbursements for use of state hospital days of care that exceed the BHO's state hospital bed allocation using quarterly average census data. DSHS must use this data to determine an average number of days used in excess of the bed allocation for the quarter.

Votes on Final Passage:

Senate	49	0
House	95	0

Effective: July 23, 2017